PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Docket Number 54,422	Filing Date 09/17/2003		To be Mailed	
APPLICATION AS FILED PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	FOR		NUMBER FIL	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.18(a), (b), or (c))			N/A	N/A		N/A		N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A	N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		٠			x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		•			x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is	heets of papers \$250 (\$125	er, the ap for smal sheets or	oplication l entity) r fraction	thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter *0" in column 2.								TOTAL			TOTAL		
APPLICATION AS AMENDED – PART II . (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	06/30/2008	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 17	Minus	<del></del> 20		= 0		X \$25 =	0	OR	x \$ =		
	Independent (37 CFR 1.16(h))	⁺ 5	Minus	***3		= 2		X \$105 =	210	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))										7	1	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	210	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT	09/30/2008	CLAIMS REMAININ AFTER AMENDME	lG	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))	· 13	Minus	· 2	0	= 0		x \$ =	0	OR	x \$ =		
	Independent (37 CFR 1.16(h))	. 4	Minus	;	5	= 0		x \$ =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
** lf	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  • MOLIKI I. MAY/  • Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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